

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

ANTHONY LAFACI

COURT CASE NUMBER

04 - 12609 - REK

DEFENDANT

JOHN MARSHALL Jr.

TYPE OF PROCESS

CIVIL ACTION 1983

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Souza-Baranowski Correctional Institution

Wardens Office

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

P.O. Box 8000 Shirley, Massachusetts 01464

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANTHONY LAFACI #284473
Osborn Correctional Institution
P.O. Box 100
Somers, Connecticut 06071

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

26

Check for service on U.S.A.

YES

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

2005 JUN 6 U 1:30 PM 26
U.S. MAIL
SERIAL MAIL
SPECIAL MAIL
REGULAR MAIL
MAIL

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

4-8-05

DO NOT WRITE BELOW THIS LINE

SENDER: COMPLETE THIS SECTION

- I a Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
b Print your name and address on the reverse so that we can return the card to you.
c Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

or Clerk

Date

6/6/05

A. Signature

X

Agent

Addressee

"Remarks", the process described shown at the address inserted below.

B. Received by (Printed Name)

C. Date of Delivery

If delivery address different from item 12, Yes
S, enter delivery address below: No

(See remarks below)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

pm

ice Type

certified Mail

Express Mail

registered

Return Receipt for Merchandise

nsured Mail

C.O.D.

stricted Delivery? (Extra Fee)

Yes

U.S. Marshal or

Amount of Refund

59 3037

102595-02-M-1540

to USMS from

Post office, not known 6/9/05

70002 0004 1359 3037

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark
Here

Sent To John Marshall Jr.
Street Address Souza-Baranowski Correctional Institution
or PO Box Wardens Office
City, State PO Box 8000
Shirley, MA 01464

PS Form 35

1. CLERK OF THE COURT